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## BIB DATA SHEET

CONFIRMATION NO. 3033

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS                         | GROUP ART UNIT              | ATTORNEY DOCKET<br>NO.  |                                |
|---|---|-------------------------------|-----------------------------|---|--------------------------------|
| 10/567,104  | 11/10/2006<br>RULE  | 356                           | 2877                        | 256685US20PCT   |                                |
| <b>APPLICANTS</b><br>Russell Chipman, Tucson, AZ;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/24477 08/03/2004<br>which claims benefit of 60/492,805 08/06/2003<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>01/26/2007 |   |                               |                             |   |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/IYABO ALLI/</u><br><u>Examiner's Signature</u>                                | <input type="checkbox"/> Met after Allowance<br><u>Initials</u>   | <b>STATE OR COUNTRY</b><br>AZ | <b>SHEETS DRAWINGS</b><br>8 | <b>TOTAL CLAIMS</b><br>17   | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>OBLON, SPIVAK, MCCLELLAND MAIER & NEUSTADT, P.C.<br>1940 DUKE STREET<br>ALEXANDRIA, VA 22314<br>UNITED STATES   |   |                               |                             |   |                                |
| <b>TITLE</b><br>Advanced polarization imaging method, apparatus, and computer program product for retinal imaging, liquid crystal testing, active remote sensing, and other applications  |   |                               |                             |   |                                |
| <b>FILING FEE RECEIVED</b><br>730   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               |                             | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                |